Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	7 <u>-3-08</u>	Address:	ROTHROCKS MILL RD	
Case #:	<u>34-34196</u>		NEAR WYANDOTTE CAVE	
County:	<u>CRAWFORD</u>		LEAVENWORTH	
Type of Laboratory Seizure (check one)		Seizure Location (Seizure Location (check all that apply)	
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☑ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
(check all th	nd: <u>Location (bedroom, kitchen, open</u> nat apply) n/Ammonia Reaction(s):	air, etc)		
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents:				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
	nloric Acid Gas Generator(s):			
	re Acid:	_		
Corrosiv	/e Base;			
Other (it	em and location);			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		☐ Ephedrine ☐ Retail/Mer	Investigative Information Description: Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:	
This report	is to be faxed to the following age			
	nent: <u>LEAVENWORTII</u> VFD	Fax: N/A		
Health Department: <u>CRAWFORD</u>		Fax: <u>812-33</u>	<u>8-2302</u>	
Child Protect	tion Service: <u>CRAWFORD</u>	Fax: <u>N/A</u>		
For further in Investigating	oformation regarding this methamph Officer: <u>J.L. SMTTH</u> Pho	nctamine laboratory, cor one <u>812-246-5424</u>	ntact	
** This form	is to be faxed to the Fire Department, Hea	Ith Department and/or Child	Protective Services Department	

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

listed within 24 hours of scene processing.